

REQUEST FOR SPECIAL FISHING/HUNTING CROSSBOW PERMIT

NORTH DAKOTA GAME AND FISH DEPARTMENT

LICENSING DIVISION SFN 6076 (Revised 3/06; 3/08)

Name:							
Address:			City:		State:	ZIP:	
archery fishing and am prevented from	d/or hunting season. I hereb n the normal use of a longboo current fishing and/or hunting	y certify that I have not w by reason of being b	t been co llind, bein	nvicted of any game g a paraplegic, or ha	or fish violations ving lost the use of	g bow, during this current year's within the past year, and that I of one or both arms. I	
*Social Security Number:			D	Date of Birth:			
Height:			W	Weight:			
Color of Eyes:	Color of Hair:	ir:		Telephone Number:			
I verify, that							
Signature of Physi	ician:						
Address:		City:	1		State:	ZIP:	
Approval of Director or Designee:							
MAIL TO, NO.	Same and Eigh Departme	m4 400 N Diamand	Гута	away Diamanda I	VID E0504 5005		

MAIL TO: ND Game and Fish Department, 100 N Bismarck Expressway, Bismarck, ND 58501-5095

*SOCIAL SECURITY NUMBER REQUIREMENT. In accordance with state law NDCC 20.1-03-35 and 42 US Code 666 (a) (13) and (16), the Department is required to collect social security numbers from all persons obtaining hunting, fishing, or other recreational type licenses. Your social security number serves as your principal identification number to determine license eligibility. It is kept confidential, however it may be provided to law enforcement agencies and the State Disbursement Unit to enforce child support obligations.